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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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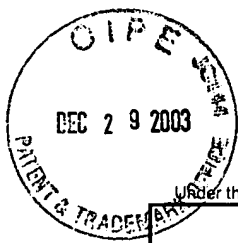
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/032,198	
	Filing Date	12/20/2001	
	First Named Inventor	Vlad J. Novotny	
	Art Unit	2873	
	Examiner Name	Choi, William C.	
Total Number of Pages in This Submission	24	Attorney Docket Number	AO-001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. 2 Copies of drawing 10/27; 1 copy showing the changes to be made in red; and 1 "clean" copy showing the changes made.
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	the changes to be made in red; and 1 "clean" copy showing the changes made.	
	3. 2 Copies of drawing 10/27; 1 copy showing the changes to be made in red; and 1 "clean" copy showing the changes made.	
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Silicon Edge Law Group LLP - Arthur J. Behiel	
Signature		
Date	December 23, 2003	

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Laurie Morano		
Signature		Date	12/23/2003

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number		
Substitute for Form PTO-875						101032,198		
<b>CLAIMS AS FILED – PART I</b>						<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>		
(Column 1)		(Column 2)						
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$		\$	
TOTAL CLAIMS (37 CFR 1.16(c))	41	minus 20 =	21	X \$ 9 =	189.00	X \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	5	minus 3 =	2	X \$ 42 =	84.00	X \$ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ =		+ \$ =		
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL	273.00	TOTAL		
<b>CLAIMS AS AMENDED – PART II</b>						<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>		
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	23	Minus	41	=		X \$ =	
	Independent (37 CFR 1.16(b))	9	Minus	5	=	4	X \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ =		+ \$ =	
TOTAL ADD'L FEE				172.00	TOTAL ADD'L FEE			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=		X \$ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=		X \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ =		+ \$ =	
TOTAL ADD'L FEE					TOTAL ADD'L FEE			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=		X \$ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=		X \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ =		+ \$ =	
TOTAL ADD'L FEE					TOTAL ADD'L FEE			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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